DESCRIPTION

Services are provided to the elderly and persons with disabilities who are at risk for nursing facility placement. Community-based care services under the waiver cannot be offered to individuals unless it can reasonably be expected that the individual would, without those services, enter a nursing facility. Provision of home and community-based care must be determined by a preadminission screening team.

WAIVER INFORMATION ¹								
Service	Covered Services	Excluded Services	Pre-Screening and Authorization	Billing	Currer NOVA	nt Rates ROS		
Personal Care	Services of personal care aides who assist with the recipient's activities of daily living such as bathing, dressing, transferring, ambulation and meal preparation. Can be agency or consumer-directed.	Transportation services. Skilled services requiring professional skills or invasive therapies. Services provided to other members of the household.	Preauthorization contractor	Reimbursement is provided for the number of authorized hours of services that the personal care aide provided.	Agency-directed: \$14.33/hour Consumer-directed: \$10.82/hour	Agency-directed: \$12.17/hour Consumer-directed: \$8.35/hour		
Respite Care	Reimbursement for personal care aides or LPNs who perform personal care and skilled care and other activities to provide relief for the caregiver. Services are limited to 720 hours per calendar year. Can be agency-directed or consumer-directed.	Transportation services. Skilled services requiring professional skills or invasive therapies. Services provided to other members of the household.	preadmission screening team.	Reimbursement is made for the number of hours the recipient received respite care.	Agency-directed: Aide: \$14.33/hour LPN: \$27.30/hour Consumer-directed: Aide: \$10.82/hour	Agency-directed: Aide: \$12.17/hour LPN: \$22.52/hour Consumer-directed: Aide: \$8.35/hour		
Adult Day Health Care	Services offered to recipients in a congregate daytime setting where a group of professionals and aides provide personal care, socialization, nursing, rehabilitation, and transportation services.	Skilled services requiring professional skills or invasive therapies.	Assessment completed by a preadmission screening team. Preauthorization contractor authorizes services.	Reimbursements are made for the number of days that the recipient attended the ADHC based on a perdiem reimbursement rate. A day is defined as 6 hours or more. Attendance of less than 6 hours must be billed as ½ day.	\$46.11/day \$50.61/day Transportation: \$2.00 per trip/one-way			
Personal Emergency Response System (PERS)	An electronic device that enables recipients at high risk to secure help in an emergency through the provision of a two-way voice communication system.	A recipient cannot receive supervision hours on the plan of care.	Assessment completed by a preadmission screening team. Preauthorization contractor authorizes services.	Reimbursements for a one-time installation and a monthly monitoring fee.	Installation: \$59.00/hour Monthly Monitoring: \$35.40/hour	Installation: \$50.00/hour Monthly Monitoring: \$30.00/hour		

Continued

HOME AND COMMUNITY BASED CARE WAIVERS: ELDERLY AND DISABLED WITH CONSUMER DIRECTION WAIVER (Continued)

WAIVER INFORMATION, CONTINUED									
Service	Covered Services	Excluded Services	Pre-Screening and Authorization	Billing	Current Rates				
					NOVA	ROS			
	An electronic device that enables certain recipients at				Installation:	Installation:			
Monitoring	high risk of institutionalization to be reminded to take		preadmission screening team.	installation, a monthly monitoring fee,	\$88.50/hour	\$75.00/hour			
	their medications at the correct dosages and times.			and a nurse to fill the unit with					
				medication.	Monthly Monitoring:	Monthly Monitoring:			
			must have the PERS unit to		\$59.00/hour	\$50.00/hour			
			qualify.		DN 0 : 045.00/	DN 0 . 040.05/			
					15min	RN Services: \$12.25/ 15min			
					15min	Tomin			
					LPN Services:	LPN Services:			
					\$13.00/ 15min	\$10.25/ 15min			
					Q 10100/ 1011III	ψ 10.20/ 10.1			
	Reimbursement for monitoring the ongoing provision	A recipient with a severe cognitive			Comprehensive Visit:	<u>.</u>			
Directed Services	of CD services.	impairment, as defined by DMAS, must			\$219.45	\$169.05			
Facilitation		have a primary caregiver manage his/her		of service provided.	Routine Visit:				
		care and employee.	authorizes services.		\$68.25	\$52.50			
					Reassessment Visit:	ψ32.30			
					\$110.25 T · · ·	\$84.00			
					Consumer Training:				
					\$218.40	\$168.00			
					Management Training	<u>:</u>			
					\$27.30	\$21.00			
					Criminal Bosord Char	k: \$15.00 aach			
					Criminal Record Check: \$15.00 each				
					CPS Registry: \$5.00 e	each			
L			I		, , , , 	Continued			

Continued

HOME AND COMMUNITY BASED CARE WAIVERS: **ELDERLY AND DISABLED WITH CONSUMER DIRECTION WAIVER (Continued)**

RECIPIENT AND PAYMENT DATA^{2,3}

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Agency-Directed										
Personal Care										
Number of Recipients									10,936	11,131
Payments									\$110,272,657	\$119,314,891
Cost per Recipient									\$10,083	\$10,719
Consumer-Directed										
Personal Care										
Number of Recipients									751	1,270
Payments									\$7,535,619	\$14,136,000
Cost per Recipient									\$10,034	\$11,131
Agency-Directed										
Respite Care										
Number of Recipients									4,292	5,096
Payments									\$15,672,641	\$20,314,138
Cost per Recipient									\$3,652	\$3,986
Consumer-Directed										
Respite Care										
Number of Recipients									75	505
Payments									\$54,622	\$2,038,780
Cost per Recipient									\$728	\$4,037
Adult Day Health Care										
Number of Recipients									599	596
Payments									\$3,104,801	\$3,173,201
Cost per Recipient									\$5,183	\$5,324
PERS										
Number of Recipients									717	886
Payments									\$298,072	\$228,296
Cost per Recipient									\$416	\$258
PERS Medication Monitoring									_	
Number of Recipients									0	0
Payments									\$0	\$0
Cost per Recipient									\$0	\$0
CD Services Facilitation										
Number of Recipients									751	1,212
Payments									\$210,075	\$424,444
Cost per Recipient									\$280	\$350
TOTAL SERVICES										40
Number of Unduplicated Recipients									11,901	12,588
Payments									\$137,148,487	\$159,629,750
Cost per Recipient					l				\$11,524	\$12,681 EDCD-W//R-06 vls

Notes:

(1) EDCD Waiver Services Manual.

(2) Recipient and expenditures data sources include the CMS 372 Report series "Annual Report on Home and Community-Based Waivers", the DMAS CD Payroll (3) FY 2005 reflects E&D and CDPAS waivers from 7/04 through 1/05; EDCD waiver from 2/05 through 6/05.

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